

STATE OF ALABAMADepartment of Corrections
Inmate Stationery

July 13, 2005

From: Inmate Richard W. Wright, Sr
A-IS # 187140 Dorm G-B bed #1

TO: Ms. Burks (Head Nurse)

Dear Ms. Burks,

I requested From you in the past a data Facts sheet For the T.B skin test medication. For such reason I make such request to you again. Your response concerning this important matter is requested.

Sincerely,

Richard W Wright Jr.
Richard Wayne Wright Sr.

7-18-05 (R)

**Prison Health Services
Inmate Informal Grievance
Ventress 845**

Richard W Wright 187140 6B-IT July 7, 2005
NAME AIS # UNIT DATE

PART A--Inmate Complainant

I've repeatedly filled out sick call slips in order to receive medical care in hopes to preserve my health. I'm being charge \$3. dollars co-payment fees for filling out sick call slips requesting medical/health problems he desires and totally disregarded other medical/health problems I've mention. what do you suggest I do? Your response is requested.

Richard W Wright Jr. #187140
INMATE SIGNATURE

PART B--RESPONSE

DATE RECEIVED

YOU HAVE PUT IN SEVERAL SICK CALL REQUEST ON DIFFERENT DATES. THEREFORE YOUR CO-PAYMENT WILL NOT BE CREDITED BACK TO YOUR ACCT.

A. Burk & HSA
MEDICAL STAFF SIGNATURE

7/18/03

DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7-13-15 [Signature]

INMATE REQUEST SLIP

Name Richard W Wright Quarters 6B-17 Date July 6, 2005

AIS # 187140

() Telephone Call () Custody Change () Personal Problems
() Special Visit () Time Sheet ☒ Other medical

Briefly Outline Your Request- Then Drop in Mail Box

I request From you in the past a data
Facts sheet For the (T.B.) skin test medi-
cation. I ask would you send me the
home address of P.H.S. headquarters.
Also on July 7, 2005 I was scheduled
to see Dr Rayspati would you print
his full name correctly For me and
the name of the medication he
prescribed in the space indicated
below.

Do Not Write Below This Line - For Reply Only

1/18 Medication info insert
given.
NB

Approved Denied Pay Phone Collect Call

Request Directed To: (Check One)

() Warden () Deputy Warden () Captain
() Classification Supervisor () Legal Officer- Notary () Record Office

Public

Head Nurse

N176

for Ms. Burks

INMATE REQUEST SLIP

Name Richard W Wright Quarters GB/bed #3 Date June 28, 2005AIS # 187140

- ☐ Telephone Call ☐ Custody Change ☐ Personal Problems
☐ Special Visit ☐ Time Sheet ☐ Other _____

Briefly Outline Your Request- Then Drop in Mail Box

I would like to receive
 information concern the T.B
 Skin test / Data Fact sheets
 please.

Do Not Write Below This Line - For Reply Only

7/8 N/A AB

Approved Denied Pay Phone Collect Call

Test Directed To: (Check One)

- Warden ☐ Deputy Warden ☐ Captain
 Classification Supervisor ☐ Legal Officer- Notary ☐ Record Office
 Public

N176

8 , Ms. Burks

**Prison Health Services
Inmate Informal Grievance
Ventress 845**

Richard W. Wright 187140
NAME AIS #

9-B (eq) #904 June 21, 2005
UNIT DATE

PART A--Inmate Complainant

I've Repeatedly Filled out Sick Call slips in order to receive medical care in hopes to preserve my health. I'm being charged \$3. dollars Co-payment Fees For filling out Sick Call slips requesting medical treatment. For some reason the doctor is only treating the medical/health problems he desire and totally disregarded other medical/health problems I've mention. what do you suggest I do?

Richard W. Wright Jr.
INMATE SIGNATURE

PART B--RESPONSE

DATE RECEIVED 6-22-05

6/30 AK AB

MEDICAL STAFF SIGNATURE

DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED
6-22-05
AB

TO: Head Nurse

From: Inmate Richard W. Wright, Sr.

AIS #187140 Dorm 9-B (Seg.)

May 18, 2005

To whom it may concern:

I would like to know have the eye glasses
for me arrived here from Bullock prison. If not,
would you make a phone call to Bullock health
Care Unit and enquirer about the glasses (please).
Your response is requested.

Sincerely,

Richard W. Wright, Sr.

Richard W. Wright, Sr. #187140

Dorm 9-B (Seg.)

RECEIVED

5-19-05

RY 125